

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001992

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 449

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Jackson

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY Jackson

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

18 Yrs

c. CITY

OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 2317 Cypress

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2317 Cypress

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

NADA

Middle

Last RUSSELL

## 4. DATE OF DEATH

Month

January

Day

24

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

6/4/1916

## 9. AGE (last birthday)

45

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engraver

## 10b. KIND OF BUSINESS OR INDUSTRY

Trade Engraving

## 11. BIRTHPLACE (City and state or country)

Hiawatha Kansas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Harry Zieber

## 13b. MOTHER'S MAIDEN NAME

Lucille

## 14. NAME OF HUSBAND OR WIFE

Louis Russell

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mr Louis Russell 2317 Cypress KC Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Rheumatic Fever &amp; Endocarditis

## INTERVAL BETWEEN ONSET AND DEATH

10 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Coronary F. atherosclerosis

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1963-

to 1-24-62

and last saw her

live on

Dec. 61

Death occurred at 2 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1/26/62

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem.

## 23d. LOCATION (City, town, or county)

Kansas City Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Sheil Funeral Home K C Mo.

## 25. DATE RECD. BY LOCAL REG.

1-25-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas A. Shul

Licensed Embalmer No. 4954

P. O. Address P. O. 1770

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.